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wir				
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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11/06/03--01007--001 \*\*78.75

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Coul	nty Homebuilders Corp.		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the artic	eles of incorporation and	a check for:
□ \$70.00	<b>12</b> \$78.75	<b>□</b> \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 ming 1 00	& Certificate of Status	& Certified Copy	Certified Copy
		or ourming copy	& Certificate of
			Status
	•	ADDITIONAL CO	PY REQUIRED
EDOM: H	ector Chomat		
PROM.	Name (	Printed or typed)	
	11430 North Kendall Drive,	Suite 300	
	· A	ddress	
	•		
	Miami, FL 33176		
•	City, S	State & Zip	,
	305-279-4445		
	Daytime Te	lephone number	

NOTE: Please provide the original and one copy of the articles.

*ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S.	(Profit)
ARTICLE I NAME	
The name of the corporation shall be:	
County Homebuilders Corp.	
<u> </u>	
ARTICLE II PRINCIPAL OFFICE	No. 1985 Annual Control of the Contr
The principal place of business/mailing address is:	0
11430 North Kendall Drive Suite 300	
Miami, FL .33176	¥0
ARTICLE III PURPOSE	03 NOV -6 AM 10: 28
The purpose for which the corporation is organized is:	, 🛌 f
Developer/Builder	
•	7. OR
ARTICLE IV SHARES	8 800/
The number of shares of stock is:	and the second of the second o
10,000 - One Dollar par value of common stock	
ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS
List name(s), address(es) and specific title(s):	
President/Treasurer/Secretary Hector Chomat	
11430 North Kendall Drive	
Suite 300	
Miami, FL 33176	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered age	nt is:
Hector Chomat	·
11430 North Kendall Drive	•
Suite 300 Miami, FL 33176	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	. •
Hector Chomat	•
11430 North Kendall Drive	
Suite 300	
Miami, FL 33176 ************************************	
Having been named astrogistered agent to accept service of process for certificate, I fam familiar with and accept the appointment as registered	agent and agree to act in this capacity
/ W &   /// J	,
Allem / Bur 1	10/31/03
Signature/Registered Agent/	Date
V WII W	
Motal Mux	10/31/03
Signature/Incorporator	Date